

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | WAG      |        | 12-04-01 |
| O.I.P.E. CLASSIFIER       |          |        | 12-15-01 |
| FORMALITY REVIEW          | M.K.     | 1102   | 12/12/01 |
| RESPONSE FORMALITY REVIEW | M.D.     | 625    | 03-25-02 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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| Final    |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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12-859  
12/17